

## **Part C State Annual Performance Report (APR) for FFY2005 (July 1, 2005 to June 30, 2006)**

### **Overview of the Annual Performance Report:**

The Birth to Three Early Intervention System operates under the authorization of Part C of the Individuals with Disabilities Education Improvement Act of 2004 (IDEA). Delaware Department of Health and Social Services (DHSS) is the lead agency for Part C in Delaware. The Program is administered by the Birth to Three staff within the Division of Management Services, and children and families eligible for Part C services are served through Child Development Watch (CDW) within the Division of Public Health (DPH).

The Interagency Coordinating Council (ICC), is the advisory group to the Birth to Three Early Intervention System, and includes parents, education professionals, pediatric and early intervention providers, a child care provider, advocates, a representative from Early Head Start, a legislator, and representatives of designated state agencies. The ICC and the ICC Executive Committee meet quarterly. Other ICC subcommittees also meet quarterly or as necessary to develop and implement improvement activities. The ICC and the ICC Executive Committee are the primary stakeholders of the Birth to Three Early Intervention System and have reviewed the FFY2005 APR and have given input into all aspects of the APR. The ICC has come to consensus on the targets, activities, timelines, and resources. The APR was finalized for submission to OSEP based on the input from the members of ICC and the Committees.

The ICC and the Committees will continue to meet over the next year to review new baseline data, analyze progress and slippage, and develop and implement improvement activities. New improvement activities will be included in future Annual Performance Reports.

The State Performance Plan (SPP) for 2005-2010 described the collaboration between the Birth to Three Early Intervention Office staff, the ICC, and the numerous committees of the ICC and Birth to Three Early Intervention System. *Attachment 2* of the SPP contains a list of the committees. As indicated both through the membership of the committees and the scope of work, there is extensive collaboration among a wide representation of stakeholders. Furthermore, improvement activities have been implemented at both the local and statewide levels, and have become part of major initiatives within Delaware's early care and education community. The local CDW programs and the various stakeholder groups have been instrumental in implementing extensive improvement activities, thus promoting long term system change.

Delaware provided a detailed description of its extensive general supervision system in Indicator #9 of the SPP. Multiple sources of data are utilized through a variety of methods, perspectives and time periods. Local data for Delaware is organized into two regions: New Castle County, and Kent and Sussex Counties. Reports and results are discussed and shared on the regional level in order to confirm that results are reflective of practices, guide ongoing technical assistance to the regions, and recommendations are developed for improvement activities.

Reports are generated from ISIS (Integrated Services Information System) at the child level, service coordinator level, local program level, and for monthly program reporting purposes. ISIS also generates the Annual Child Count Reports and numerous reports for quality management purposes regarding compliance timelines.

ISIS reports, local chart reviews by supervisors, and various local quality management activities are the primary method for monitoring the local CDW programs to assure compliance and that significant progress has been made in identified areas of non compliance. The statewide Birth to Three Monitoring team conducts annual chart audit monitoring, focused monitoring, and utilizes various ISIS reports and other surveys and reports to assure compliance. Exit interviews with the CDW Leadership teams following annual or focused monitoring are conducted and reports are written and shared at the local level. Improvement plans are submitted at the local level for correcting non compliance.

The overview of the issue/description of the system or process for each indicator is contained within the SPP and not repeated in the FFY2005 APR. The FFY2005 APR reports significant progress has been made in all compliance indicators. Significant progress has also been achieved in most of the performance indicators and targets have been met for the year. If targets have not been met, there are explanations that are reflective of the baseline and trend data. Each indicator in the APR includes a comprehensive understanding of the baseline data, progress or slippage against the actual target, improvement activities that have been implemented and how they have contributed to progress. There were no revisions to the targets. Improvement activities, timelines, and resources have been updated in the SPP in order to achieve the targets which had been set.

Following the APR submission on February 1, 2007, the revised SPP and APR and regional early intervention program progress on the indicators will be distributed to the public through media announcements that copies of the reports are available at the DHSS and DOE websites. There will also be presentations and copies available for distribution to each Child Development Watch program site, the ICC and its various committees, the Partners Council for Children with Disabilities (PCCD), and the Parent Information Center of Delaware (Delaware's parent training and information center). The SPP and APRs are posted at the following DHSS website:

<http://www.dhss.delaware.gov/dhss/dms/epqc/birth3/directry.html>

**Monitoring Priority: Early Intervention Services In Natural Environments**

**Indicator 1: Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner.**

(20 U.S.C. 1416(a)(3)(A) and 1442)

**Measurement:**

Percent = [(# of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner) divided by (the total # of infants and toddlers with IFSPs) times 100.

Account for untimely receipt of services.

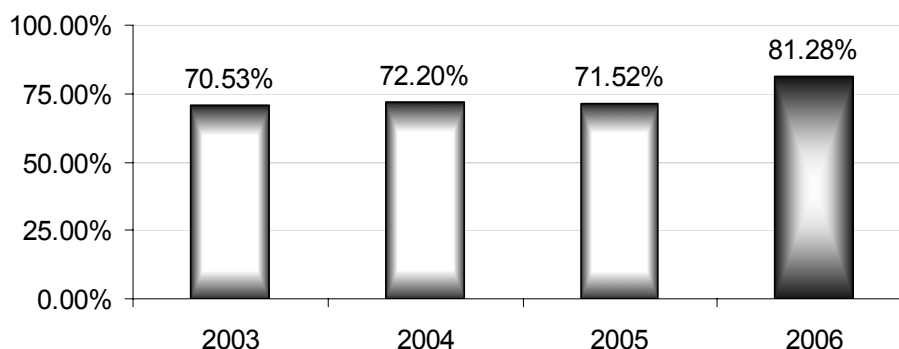
**Measurable and Rigorous Target**
**FFY2005**

100% of infants and toddlers with IFSPs in the Birth to Three Early Intervention System will receive the early intervention services on their IFSPs in a timely manner according to the recommended state guideline.

**Actual Target Data for FFY2005:**

**Figure 1-1 Children receiving services within thirty-day state guideline**

**Infants and toddlers with IFSPs who received early intervention services within 30 days of date referred for service**



*Source: Annual Statewide Monitoring*

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY2005:**

2006 monitoring data indicated that 81.28% of infants and toddlers received their early intervention services included on IFSPs within the state recommended guideline of 30 days from the date referred for service to date a service starts. The date referred for service is the date that the parents consent for services.

There has been significant progress (9.76% increase) in the percentage of infants and toddlers with IFSPs who receive their early intervention services in a timely manner. The progress and improvement activities accounting for this progress are explained.

Data from 2006 monitoring indicates that 165 of 203 (81.28%) infants and toddlers had all services on the IFSP started within the state guidelines or experienced exceptional family circumstances prohibited services from starting within the state recommended guidelines. Of these 165 children, family scheduling accounted for twelve, and one was due to family refusal.

Thirty-eight infants and toddlers had a service started beyond the thirty days for other than family circumstances. Twenty-eight were due to a service being unavailable. One was due to insurance issues. The remaining nine charts were not clearly documented.

State recommended guidelines quantify timely delivery of service as 30 days from date of referral for service. When this does not occur, there must be documentation or justification relating to the needs of the child and family to explain why a service was not started within that time period.

Technical assistance has been provided to the regional CDW leadership teams regarding the need to provide documentation whenever a service is not provided within thirty days of parental consent for service. FFY2004 data reflected sixteen cases with no documentation and FFY2005 data reflects nine cases with no documentation. The technical assistance provided reflects progress both at the local and state levels. Mechanisms at the local level are in place to assure necessary documentation will be provided.

Local CDW management analysts and CDW leadership teams are reviewing IFSP service page for data accuracy into ISIS. There is much progress in completeness of dates on the IFSP service page. Data integrity reports are being utilized to focus technical assistance and reduce the number of cases with no documentation.

The primary reason for not achieving the target of 100% compliance for timely service is lack of service availability for speech language services and a few cases where early childhood education is unavailable. Many long term and system wide improvement activities are in place to address lack of capacity for speech language pathologists, but short term improvements are still needed to make significant progress that impacts the local service delivery system.

The long term improvement activities that have been put in place are comprehensive and should assure significant long term progress. The Ad Hoc Committee focusing on lack of capacity for promoting Speech Language Pathologists (SLP) became an official Governor Executive Order (#84) creating a Task Force in the spring of 2006 to study licensed Speech/Language Pathologists. The Part C Coordinator and the Birth to Three Training Administrator, a New Scripts parent and a representative from the largest early intervention

provider agency are members of the Task Force. A final report to the Governor is due in March 2007. The Task Force is addressing recruitment and retention, creating a master's level SLP graduate program, and the benefits of considering an SLP assistant program in Delaware (working with the Delaware Speech, Language and Hearing Association and the American Speech, Language and Hearing Association).

Two other initiatives by the Birth to Three Early Intervention System office are having a positive affect in the long term utilization of SLPs in early intervention. Enhanced Watch and See (EWS) is fully implemented as a program within CDW and supported by Birth to Three Early Intervention System. EWS offers language enrichment opportunities for children with expressive language delays only who are not Part C eligible, thereby allowing better utilization of speech language pathology resources for children who may be late talkers. Evaluation of the EWS program indicates that the program is being effectively implemented and the range and variety of EWS materials are well received by families. Furthermore, EWS coordinates with the work of the Delaware Department of Education (DOE) State Improvement Grant in early literacy. Parent information sessions are available to families in EWS, and a list of child care providers with staff who complete some of the early literacy training modules are shared with CDW service coordinators, early intervention providers and EWS Coordinators. The master's level early literacy training is also promoted with all CDW and early intervention providers.

In March 2006, Birth to Three sponsored training on the Hanen Centre's, *It Takes Two To Talk* program. Fourteen speech language pathologists who provide early intervention services to infants, toddlers and preschoolers with language delays participated in the workshop that was an intensive small group training designed to prepare them to lead *It Takes Two To Talk* groups. Hanen training promotes families as an early intervention partner in promoting language with their children, allowing better utilization of speech language pathology resources within the Birth to Three Early Intervention System. During the summer of 2006, Birth to Three partnered with DOE to co-sponsor Hanen groups for families of children who were transitioning from Part C to Part B. The groups, which were co-led by early intervention providers and SLP's from three local school districts, helped to build relationships across systems and facilitated the transition process for families.

The Birth to Three office is working with provider agencies on insurance issues as they arise. In early 2006, the largest early intervention provider for Part C has been able to resolve a barrier to the use of non location specific billing codes with the largest Medicaid Managed Care Organization, thus reducing delays because of insurance authorizations.

A new initiative planned for 2007 is to partner in the State Personnel Development Grant (SPDG) submitted by DOE. If awarded, a focus of DE's SPDG is early literacy. One initiative will target the identification of joint competencies for any existing personnel and new hires as early childhood educators and early childhood/special educators. Specifically the joint competencies to identify would be in language development and competencies in conducting child outcome assessments. This long term system change will increase the capacity of early childhood educators working with Part C eligible children in their early literacy skills and overall language development, allowing better utilization of speech language pathology resources.

Ongoing personnel development is addressed through the activities and responsibilities that are coordinated with DOE through the Partner's Council For Children with Disabilities (PCCD) committee and its work in early childhood and in highly qualified personnel. This is outlined within the newly updated Interagency Agreement for the Birth to Three Early Intervention

System. The Training Administrator for Birth to Three Early Intervention System serves on the committee to ensure that the training needs, personnel development and promising practices associated with the Birth to Three Early Intervention System are adequately addressed. Interagency collaboration and joint planning are supported and endorsed by the PCCD Bylaws.

Regarding more immediate improvement activities to affect the local service delivery system, CDW Northern Health Services has added a new contract for Early Childhood Education services. Early Intervention provider agencies continue to actively recruit regionally and nationally for SLPs and offer signing bonuses to any new SLPs.

The Delaware's Speech Language Incentive Loan Program has been expanded to include students who agree to work with early intervention providers as well as with local school districts. Students are entitled to awards and qualifying employment for service repayment of their scholarship. Students, as they call about the program, are directed to early intervention provider agencies and this has been widely promoted among early intervention providers to attract speech language pathologists.

The Quality Management Coordinator is actively seeking any new provider agencies who offer speech language services to infants and toddlers and other services as needed.

**Revisions, with justification, to Proposed Targets/Improvement:  
Activities/Timelines/Resources for FFY2005:**

*Additions and revisions have been made to allow program to achieve targets and are included in Delaware's State Performance Plan.*

**Monitoring Priority: Early Intervention Services In Natural Environments**

**Indicator 2: Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or programs for typically developing children.**

(20 U.S.C. 1416(a)(3)(A) and 1442)

**Measurement:**

Percent = [(# of infants and toddlers with IFSPs who primarily receive early intervention services on their IFSPs in the home or programs for typically developing children) divided by (the total # of infants and toddlers with IFSPs) times 100.

Account for untimely receipt of services.

**Measurable and Rigorous Target**
**FFY2005**

83.2% percent of infants and toddlers with IFSPs primarily receive early intervention services in the home or programs for typically developing children.

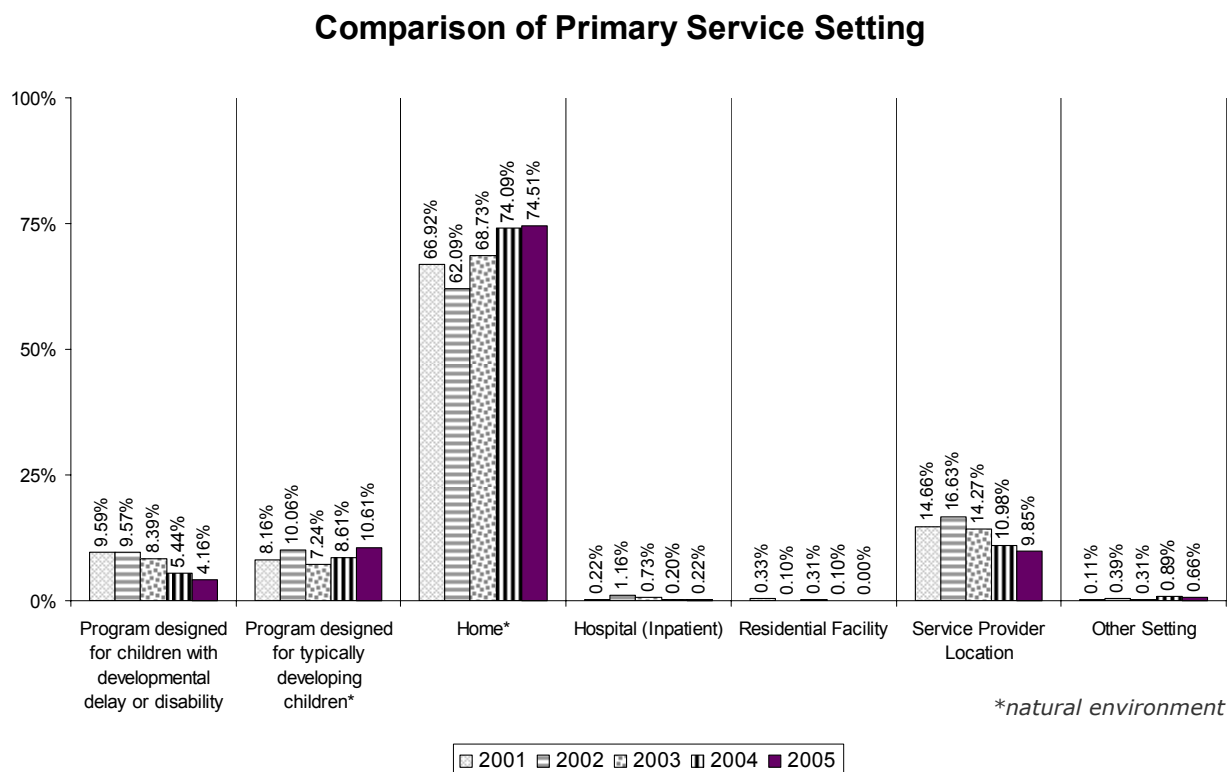
**Actual Target Data for FFY2005:**

**Figure 2-1 Annual Child Count Primary Service Location (Table 2)**

<b>Service Location</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>
<b>Program designed for children with developmental delay or disability</b>	80	55	38
<b>Program designed for typically developing children*</b>	69	87	97
<b>Home*</b>	655	749	681
<b>Hospital (Inpatient)</b>	7	2	2
<b>Residential Facility</b>	3	1	0
<b>Service Provider Location</b>	136	111	90
<b>Other Setting</b>	3	9	6
<b>Total</b>	953	1014	914

*\*natural environment*

*Source: Annual Child Count*

**Figure 2-2 Primary Service Settings**

Source: Annual Child Count

### Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY2005:

Delaware has exceeded the target of 83.2% set for FFY2005. Annual Child Count data prepared for December 2005 indicate that 85.12% of children receive their primary service in their home or in a program designed for typically developing peers, such as child care. This has increased from 82.7% in 2004.

In addition, 2006 State monitoring data indicated that 86.27% (176 of 204 charts monitored) of the IFSPs contained documentation that services were provided in natural environments or documentation existed for justification based on the child's needs to be met in a setting not considered a natural environment.

A high percentage of IFSP teams continue to discuss natural environments and in 2006, 90% of IFSPs monitored indicate that families are identifying natural environments. 97% of charts reviewed in 2006 include evidence of strategies that families can use to promote child's development, which represents a significant increase from previous years.

As Part C's largest stakeholder group, the ICC continues to promote quality in child care as one of its six priority areas. During FFY2005 the ICC provided input to the creation of



*Delaware Stars for Early Success*, which is a tiered quality rating system for early childhood programs. This program will rate the quality of early childhood programs in Delaware, enabling parents to make informed decisions about their child's care and providing programs with the tools, support, and incentive to improve.

As a subcommittee of ICC, BCNE continues to collaborate with Part C and others to offer training and consultative services to child care providers in order to promote inclusive settings. BCNE coordinates with such initiatives as Child Care Health Consultants, Easter Seal's Pathways to Independence grant, and training opportunities throughout the state targeted to child care providers to promote inclusive child care. BCNE has developed a display and several workshops focusing on inclusion in early childhood settings, which will be offered as a strand during statewide conferences in all three counties.

During 2006, BCNE also worked with Birth to Three to update the *Growing Together User's Guide for Early Care and Education* to include resources and materials concerning approaches, activities, and skills in caring for children with disabilities within early care and education settings. This new section focusing on inclusion was based on a framework, which includes Delaware's Early Learning Foundations and Delaware Stars.

The quality of care for infants and toddlers in early childhood centers is an ongoing area of focus for Delaware. During FFY2005 Delaware's Infant Toddler Early Learning Foundations (ELFs) were disseminated to all early childhood centers and early intervention providers. The purpose of the ELF's is to provide a broad picture of what happens to children as they develop in several critical areas. The document serves as a periodic check point for adults who are involved with young children to make sure appropriate activities are made available that support children's growth and development. For those individuals in early care and education settings, the document can be used as a broad curricular guide for planning experiences for infants and toddlers.

The Delaware Early Childhood Center in partnership with the Family and Workplace Connection received a grant to enhance the quality of infant and toddler care called project RELATE: Relationships Empowering Learning and Affirming Teaching Excellence. As a member of the RELATE Advisory Committee, Birth to Three will support RELATE's goals which include developing and implementing coursework and training leading to an Infant-Toddler certification in order to enhance skills needed to provide quality infant-toddler care for all children. A director's training module will also be developed and implemented. The final goal is to disseminate Delaware's Infant Toddler Learning Foundations, and to infuse them within the professional development system.

Delaware has been selected as one of four states to participate in the Second Annual Expanding Opportunities Initiative. The goal of the initiative is to improve inclusive opportunities for young children with disabilities and their families and to share initiatives working well in other states. This initiative is supported by the OSEP Preschool Least Restrictive Environment Community of Practice. A team from Delaware including representatives from Part C, Part B, Head Start, child care, higher education and family members will participate in a state planning meeting before the Sixth National Early Childhood Inclusion Institute in Chapel Hill, NC in July 2006. The pre-institute state planning meeting is a Federal interagency collaboration among the Head Start Bureau, Child Care Bureau, and Administration on Developmental Disabilities in the Department of Health and Human Services; the Office of Special Education Programs (OSEP) in the Department of Education. At the meeting the state team will generate an action plan that can be implemented with ongoing technical assistance from the participating federal agencies. The

plan will build upon some of the work from the Building Capacity in Natural Environments Committee (BCNE).

Delaware New Scripts works to promote families as change agents to enhance the early intervention experience for children and families. The coordinator of New Scripts is a member of BCNE. As part of their work, New Scripts parents participated in Training for Early Care and Education II (TECE). TECE is a curriculum that has been developed to offer practitioners a core of high quality training in core knowledge areas in early care and education. New Scripts members co-taught the module on including children with special needs in early childhood settings.

Birth to Three partnered with DOE and Parents as Teachers to offer mini-grants to support inclusive Stay and Play groups in all three counties. A statewide group met to coordinate this effort, which included developing an evaluation that looked at the components of what is needed to promote and sustain inclusion within these structured community play groups.

Other professional development opportunities continue to be identified and implemented. Planning is underway to offer an early childhood strand during Delaware's statewide Inclusion Conference. In the past, the workshops have focused on inclusion as it applies to the school-aged population. Also, in January 2006 at the annual statewide LIFE conference, Delaware's premier conference for persons with disabilities and those who support them, the New Scripts Family Inclusion Project shared their experiences and highlighted opportunities for other parents and professionals to become involved.

Within the Birth to Three System, a statewide IFSP was revised in order to promote family directed information regarding natural learning opportunities and functional goals. This new form of the IFSP was piloted in FFY2005 in the southern region of the state and will be piloted with service coordinators and families in the northern region of the state in FFY2006. It will then be formally adopted pending any further revisions.

**Revisions, with justification, to Proposed Targets/Improvement Activities/Timelines/Resources for FFY2005:**

*Additions and revisions have been made to allow program to achieve targets and are included in Delaware's State Performance Plan.*

<b>Monitoring Priority: Early Intervention Services In Natural Environments</b>
---

**Indicator 3: Percent of infants and toddlers with IFSPs who demonstrate improved:**

- A. Positive social-emotional skills (including social relationships);**
- B. Acquisition and use of knowledge and skills (including early language/communication; and**
- C. Use of appropriate behaviors to meet their needs.**

(20 U.S.C. 1416(a)(3)(A) and 1442)

**Measurement:**
**A. Positive social-emotional skills (including social relationships):**

a. Percent of infants and toddlers who did not improve functioning =  $[(\# \text{ of infants and toddlers who did not improve functioning}) \div (\# \text{ of infants and toddlers with IFSPs assessed})]$ .

b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers =  $[(\# \text{ of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers}) \div (\# \text{ of infants and toddlers with IFSPs assessed})] \text{ times } 100$ .

c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it =  $[(\# \text{ of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it}) \div (\# \text{ of infants and toddlers with IFSPs assessed})] \text{ times } 100$ .

d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers =  $[(\# \text{ of infants and toddlers who improved functioning to reach a level comparable to same-aged peers}) \div (\# \text{ of infants and toddlers with IFSPs assessed})] \text{ times } 100$ .

e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers =  $[(\# \text{ of infants and toddlers who maintained functioning at a level comparable to same-aged peers}) \div (\# \text{ of infants and toddlers with IFSPs assessed})] \text{ times } 100$ .

If  $a+b+c+d+e$  does not sum to 100%, explain the difference.

**B. Acquisition and use of knowledge and skills (including early language/communication and early literacy):**

a. Percent of infants and toddlers who did not improve functioning =  $[(\# \text{ of infants and toddlers who did not improve functioning}) \div (\# \text{ of infants and toddlers with IFSPs assessed})]$ .

b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers =  $[(\# \text{ of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers}) \div (\# \text{ of infants and toddlers with IFSPs assessed})] \times 100$ .

c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it =  $[(\# \text{ of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it}) \div (\# \text{ of infants and toddlers with IFSPs assessed})] \times 100$ .

d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers =  $[(\# \text{ of infants and toddlers who improved functioning to reach a level comparable to same-aged peers}) \div (\# \text{ of infants and toddlers with IFSPs assessed})] \times 100$ .

e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers =  $[(\# \text{ of infants and toddlers who maintained functioning at a level comparable to same-aged peers}) \div (\# \text{ of infants and toddlers with IFSPs assessed})] \times 100$ .

If a+b+c+d+e does not sum to 100%, explain the difference.

C. Use of appropriate behaviors to meet their needs:

a. Percent of infants and toddlers who did not improve functioning =  $[(\# \text{ of infants and toddlers who did not improve functioning}) \div (\# \text{ of infants and toddlers with IFSPs assessed})]$ .

b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers =  $[(\# \text{ of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers}) \div (\# \text{ of infants and toddlers with IFSPs assessed})] \times 100$ .

c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it =  $[(\# \text{ of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it}) \div (\# \text{ of infants and toddlers with IFSPs assessed})] \times 100$ .

d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers =  $[(\# \text{ of infants and toddlers who improved functioning to reach a level comparable to same-aged peers}) \div (\# \text{ of infants and toddlers with IFSPs assessed})] \times 100$ .

e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers =  $[(\# \text{ of infants and toddlers who maintained functioning at a level comparable to same-aged peers}) \div (\# \text{ of infants and toddlers with IFSPs assessed})] \times 100$ .

If a+b+c+d+e does not sum to 100%, explain the difference.

Measurable and Rigorous Target	
<b>FFY2005</b>	Targets will be set once baseline data are available.

### **Actual Target Data for FFY2005:**

Delaware began collecting child outcome data as of September 1, 2006. Preliminary entry level results for 75 children show the following percentages for development to be at a level comparable to same age peers (6 or 7 on the Child Outcome Summary Form):

Outcome A/Social Emotional:	62.67% the children scored a 6 or 7
Outcome B/Acquisition of Skills:	56.00% the children scored a 6 or 7
Outcome C/Meet Needs:	56.00% the children scored a 6 or 7

Delaware recently moved to full implementation of DE Building Blocks and has only begun to collect, analyze, and report outcome data. Since this represents only a small portion of the Delaware Part C population, and is therefore not reflective, there is a caution about the generalizability of the data.

### **Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY2005:**

Birth to Three, through the work of the Ongoing Program Evaluation Committee (OPEC) and the University of Delaware, Center for Disabilities Studies, developed an ongoing child change evaluation that started in 2000 and will end in 2006. Data was reported from a random sample of children who are Part C eligible and received early intervention services in order to report their rates of development in motor, cognitive and their functional play development and the impact of CDW services on that development. Data was used from a combination of assessments administered during the initial evaluation for eligibility, a play assessment tool, and some family and child demographic information. This child change evaluation reported results to CDW staff, ICC, and in the Interagency Resource Management Committee's (IRMC) annual report.

From October 2004 – June 2006, Delaware developed an early childhood outcome system for infants, toddlers and preschoolers with disabilities. This outcome system will allow Part C to report progress on the three new child outcomes: percent of infants and toddlers with IFSPs who demonstrate improved positive social-emotional skills (including social relationships); acquisition and use of knowledge and skills (including early language/communication); and use of appropriate behaviors to meet their needs.

Birth to Three was a part of a General Supervision Enhancement Grant and planning occurred with DOE on how to collect, rate and report on these child outcomes from a combination of ongoing progress monitoring, parent and early intervention professional observations, interviews and assessments, and multidisciplinary initial evaluations and reevaluations.

Birth to Three and DOE engaged in a pilot outcome measurement system from Fall 2005 – Summer 2006. The pilot project involved trying out a series of early childhood assessment measures across a variety of settings and professionals and used with children with different disabling conditions. 90 Part C eligible children were initially included in the pilot and

represented children receiving services across delivery options; a mix of children with different disabling conditions including children with mild involvement, children with moderate involvement and children with multiple disabilities. We also targeted low-incidence populations to ensure we include all possible assessment scenarios. Several assessment measures that cross ages (0-5 years) and several measures that were appropriate for children ages birth to 36 months were included in the pilot. The Child Outcome Summary Form (COSF), developed by the Early Childhood Outcomes Center, was piloted on a smaller sample.

Data from the pilot was reviewed in May 2006 to determine which measures we will begin using statewide. The intent was to have a menu of assessments available for use, and to allow for some assessments that may be more specialized for certain disabling conditions. As the final part of the pilot project, professionals received statewide, regional and local professional development opportunities in August and September 2006.

Based on the pilot, the Child Outcomes Work Group and Birth to Three developed the following plan:

Observations of the infant and toddler will be made in his/her natural environment, such as home, child care, Early Head Start, etc. Observations may be conducted by a primary service provider such as the early childhood educator or therapist, or other involved professionals. Progress monitoring will also include interviews with parents and early care and education professionals. Our focus is to ensure the information from on-going progress monitoring will be useful for intervention planning. A system will be developed to link progress monitoring data to our state's early learning guidelines. This should enable early intervention providers to utilize the outcome data for intervention planning.

Entry status assessment (status on entry): An initial evaluation of a child's needs will be conducted in conjunction with determining a child's eligibility for early intervention. Eligibility determination includes the use of multiple sources of data. In many cases it will be possible to use some of the information from the initial multidisciplinary evaluation to inform the entry status of children who are eligible under Part C and begin early intervention.

The Birth to Three office has established a time period for data collection. Requirements for data collection are dependent upon the status of the child. Newly eligible Part C children will be observed and their initial outcome assessment completed preferably within 60 days, of beginning service (beginning service is defined as the start of service on the IFSP). When using a performance-based observation assessment process and serving children in natural environments, there may be times when it takes up to 120 days to complete this initial assessment.

Our focus will be to ensure entry child outcome assessment information will inform intervention planning. Assessment procedures may include, but are not limited to, observations, interviews, behavior checklists, structured interactions, play assessment, adaptive and developmental scales, criterion-referenced and norm referenced instruments, clinical judgment, and tests of basic concepts or other techniques and procedures as deemed appropriate by the professional(s) conducting the assessments.

Annual/Exit assessments: All children having received at least six months of intervention will then be reassessed annually, using a similar performance-based observation assessment process. Due to the mobility of children and families and the likely attrition rate, this process will help to ensure that we are able to capture an adequate percentage of children on an annual basis, and to determine which annual data collection point is closest

to when the child exits from Part C. Whenever possible, the collection period will also coincide with the child's annual IFSP to inform intervention planning and the exit outcome will inform transition planning. The exit outcome assessment will be preferably within 90 days when the child exits Part C.

Birth to Three will assure that children at entry and near exit will be assessed and data reported. There will be no random assignment process.

Child Outcomes process: Birth to Three has identified a recommended list of assessments based on the pilot. Each of the measures were validated through a comprehensive process. A key element was the strength of the alignment of the assessment measure with the state's Infant and Toddler Early Learning Foundations. The tools chosen include: Bayley Scales of Infant and Toddler Development, Third Edition (in conjunction with observations and interviews), Creative Curriculum Continuum for Infants and Toddlers, Carolina Curriculum for Infants and Toddlers with Special Needs, Callier-Azusa Scale, Developmental Assessment for Individuals with Severe Disabilities, and the Vineland Adaptive Behavior Scales, Second Edition.

CDW assessors or early intervention providers will use a performance assessment structure, using mostly ongoing progress monitoring information. In some cases, where the necessary information can be obtained from the initial diagnostic assessment, we will use this data. For most children, we will utilize information obtained from criterion referenced measures administered by the early intervention provider professional(s) involved with the children.

The information obtained from the performance-based assessment process will then be utilized to determine each individual child's status on each of the three child outcomes on the Child Outcome Summary Form (COSF). The COSF is a seven point rating scale designed by the Early Childhood Outcome Center to summarize information related to a child's developmental status on each of the three OSEP outcome statements. The COSF is designed with the perspective that the highest end of the scale (7) represents age-expected or age-appropriate functioning with each lower point being a degree of distance from age expectation. Rating scores will be required at the time of entry into the program, and at each subsequent assessment time period.

Because Birth to Three is recommending a set of different assessments that can be used by early intervention programs, the results from the assessments will be different. An analysis structure needed to be established to bring equity to the different assessment results so the data could be aggregated for state reporting purposes. The COSF provides the mechanism for programs to report children's developmental status using the same rating platform, thus aggregating data across programs.

Birth to Three, in consultation with the computer programmer for the Birth to Three data system, ISIS, and Dr. John Vacca, a University of Delaware professor with expertise in early childhood assessment, has developed an outcome module added onto ISIS that allows for data and reporting of both assessments by domains. It includes a formula for the recommended assessments that will allow programs to make the determination of a child's status on each of the three child outcomes within the framework of the COSF. The COSF will be reviewed by the IFSP team and revised if needed based on observations and additional sources of information. The ISIS outcome module also allows for the COSF to be entered directly with sources of information listed. Birth to Three is training programs on the use of COSF.

*Delaware Building Blocks Guidelines for Infants and Toddlers* outlines requirements for the early childhood outcomes. This has been shared with the regional CDW programs, CDW leadership teams, each early intervention provider agency, at regional early intervention provider meetings, and at ICC. This is available on the Birth to Three and DOE web sites and is periodically updated, including a document of frequently asked questions.

Birth to Three monitoring procedures will be revised to include strategies for examining outcome rating activities during record reviews and focused monitoring activities. It is anticipated that Birth to Three will work with CDW and early intervention providers to carefully examine outcome data and use this information for local program reform where necessary.

The ISIS Outcome module will be able to calculate the five OSEP reporting categories as required from the entry and exit COSF data [ratings] for all individual children for each of the three child outcomes. A report will aggregate this data and report the number of children in each of the five reporting categories for each of the three child outcomes.

Entry status data will be formally collected during the 2006-2007 year. Annual/exit data will also be collected during the 2006-2007 year. Baseline data will be calculated from the entry COSF rating matched to the exit COSF ratings for each outcome for children at the regional and state level.

**Revisions, with justification, to Proposed Targets/Improvement Activities/Timelines/Resources for FFY2005:**

*Additions and revisions have been made to allow program to achieve targets and are included in Delaware's State Performance Plan.*



**Monitoring Priority: Early Intervention Services In Natural Environments**
**Indicator 4: Percent of families participating in Part C who report that early intervention services have helped the family:**

- A. Know their rights;**
- B. Effectively communicate their children's needs; and**
- C. Help their children develop and learn.**

(20 U.S.C. 1416(a)(3)(A) and 1442)

**Measurement:**

- A. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family know their rights) divided by (the # of respondent families participating in Part C)] times 100.
- B. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs) divided by (the # of respondent families participating in Part C)] times 100.
- C. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn) divided by (the # of respondent families participating in Part C)] times 100.

<b>Measurable and Rigorous Target</b>			
<b>FFY2005</b>	As measured by the 2006 Delaware Family Survey, current proportion of families who report strongly agreeing and very strongly agreeing to questions used to measure the outcomes.		
	Federal Outcome 1:	Families Know Their Rights	45.3%
	Federal Outcome 2:	Families Effectively Communicate Their Children's Needs	54.4%
	Federal Outcome 3:	Families Help Their Children Develop and Learn	53.3%

**Actual Target Data for FFY2005:**

**Figure 4-1 Family Outcome Indicators**

<b>Cluster/Subscale:</b>	<b>2006 Results</b>					
	<b>Very Strongly Agree</b>	<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>	<b>Very Strongly Disagree</b>
Federal Outcome 1: Families Know Rights	14.9%	30.4%	45.8%	7.3%	0.9%	0.7%
Federal Outcome 2: Families Effectively Communicate Children's Needs	12.4%	42.0%	40.7%	4.0%	0.4%	0.5%
Federal Outcome 3: Families Help Children Develop and Learn	15.2%	38.1%	40.1%	3.7%	2.2%	0.6%

Source: 2006 Family Survey

### **Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY2005:**

The Ongoing Program Evaluation Committee (OPEC) for the Birth to Three Early Intervention System, with support from ICC, decided to continue to use the *CDW Family Survey* as the method to collect information from families to incorporate questions that would address the three family outcomes and to use a six-point Likert scale for the responses.

In 2006, the CDW Family Survey was revised and a pilot was conducted in order to measure the three newly-required family outcomes. New questions added to the survey and some questions have been used since the administration of the first *Family Survey*. There were similarities in questions developed by the National Center for Special Education Accountability Monitoring (NCSEAM) and the CDW *Family Survey*. Following the pilot survey, an Alpha reliability coefficient was used to determine the strength of the questions being used to measure the cluster concept.

In order to assure a representative sample of the families being served by CDW, the pilot study tested two different methodologies for administering the survey. One method was to have the survey distributed to families by service coordinators and the other was to conduct a telephone interview with families. As a result of the pilot study, it was determined that a greater diversity of families could be cost effectively reached by a telephone survey rather than by having service coordinators distribute the survey tool to families. Thus, the survey has changed from a mail survey format that had been used until 2004 to the telephone interview that was used in 2006. Results from the 2006 *CDW Family Survey* are reported in *Actual Target Data*.

### **Discussion of Baseline Data:**

To measure the family outcomes, Federal Outcome 1: "Families Know Their Rights" included four questions, two of which were new to the 2006 *Family Survey* and two of which were also asked in the 2004 *Family Survey*. The Alpha reliability coefficient, .846, indicates that this set of questions is a reliable measure of this outcome. Federal Outcome 2: "Families Effectively Communicate Their Children's Needs" included five questions, all of which were new to the 2006 *Family Survey*. The Alpha reliability coefficient, .715, indicates that this set of questions is a reliable measure of this outcome. Federal Outcome 3: "Families Help Their Children Develop and Learn" included four items, two of which were new to the 2006 *Family Survey* and two of which were also asked in the 2004 *Family Survey*. The Alpha reliability coefficient, .808, indicates that this set of questions is a reliable measure of this outcome.

There was much discussion with members of OPEC, University of DE's Center for Disabilities Studies, and through conference calls and workshops offered by NCSEAM as to where to set the measurable targets. Delaware set measurable targets for those families who indicated they "strongly agree" or "very strongly agree." The 2006 *Family Survey* indicates that 45.3% of families report that they understand their rights (14.9% "very strongly agree," 30.4% "strongly agree"); 54.4% of families report that they effectively communicate their children's needs (12.4% "very strongly agree," 42.0% "strongly agree,"); and 53.3% of families report that they help their children develop and learn (15.2% "very strongly agree," 38.1% "strongly agree").

The targets were set using confidence intervals. Confidence intervals of +/- 5% were estimated and a target of a 7% increase over five years was projected for each Federal Outcome.

If the baseline included those families who indicated that they agree, strongly agree and very strongly agree, then the 2006 *Family Survey* results would report that 91.1% of families report that they understand their rights (14.9% "very strongly agree," 30.4% "strongly agree," and 45.8% "agree"); 95.1% of families report that they effectively communicate their children's needs (12.4% "very strongly agree," 42.0% "strongly agree," and 40.7% "agree"); and 93.4% of families report that they help their children develop and learn (15.2% "very strongly agree," 38.1% "strongly agree," and 40.1% "agree").

Sampling for the Ongoing Family Survey: Telephone interviews were used to collect information regarding the Family Outcomes. From all the families who have received Child Development Watch services for 6 months or more, families were divided into the cells of this sampling matrix:

North		South	
African-American	Less than 24 months old	African-American	Less than 24 months old
	More than 24 months old		More than 24 months old
Caucasian	Less than 24 months old	Caucasian	Less than 24 months old
	More than 24 months old		More than 24 months old
Hispanic and Other	Less than 24 months old	Hispanic and Other	Less than 24 months old
	More than 24 months old		More than 24 months old

This sampling matrix was used to make sure that the sample for the 2006 *Family Survey* was representative of the population of CDW. In general, the demographic data indicated that the families who completed the 2006 *Family Survey* were representative of the population of families receiving CDW services based upon region, ethnic background, and length of time in the program.

The proportion of the responses from families more closely matches the population enrolled in the program in 2006 than it did in 2004 when a mailed surveying strategy was used. The creation of six cells in the North and six cells in the South, with each cell having 30 families, resulted in a total of 360 families to be sampled. Telephone calls were made to families asking them to complete the telephone interview. In total, 149 families in the North and 75 families in the South completed the telephone interview. This is a 62% response rate; these 224 families represent 38.9% of the 576 eligible families to be surveyed who have had children participate in Child Development Watch. The diversity of the sample reflects the geographic, gender, and ethnic diversity within the program. See Table 4-2 for the proportion of families who responded to the 2006 and 2004 *Family Surveys* from each of the ethnic groups.

**Figure 4- 2 Self-identified ethnic background of families receiving CDW services**

<b>Race/Ethnicity</b>	<b>2006 Results</b>		<b>2004 Results</b>		<b>CDW Enrollment Rate<sup>3</sup></b>
	<b>Number</b>	<b>Percent</b>	<b>Number</b>	<b>Percent</b>	
Caucasian	126	58.9%	62	72.1%	59.3%
Hispanic	19	8.9%	5	5.8%	10.5%
African-American	44	20.6%	14	16.3%	27.8%
Asian	9	4.2%	1	1.2%	2.0%
Other	16	7.5%	4	4.7%	0.4%
<b>Total</b>	<b>214<sup>1</sup></b>	<b>100.0%</b>	<b>86<sup>2</sup></b>	<b>100.0%</b>	<b>100.0%</b>

<sup>1</sup> 2006 total does not equal 224 because 10 families chose not to identify their ethnic background

<sup>2</sup> 2004 total does not equal 96 because 10 families chose not to identify their ethnic background

<sup>3</sup> Based on the 2005 CDW Enrollment Rate

Source: 2006 Family Survey

An analysis of the data was also done to assess the data by ethnic group, length of time in the program, and geographic region where the family received the services. The analysis did not indicate that there were any differences due to any of these factors. Thus, it was concluded that families' experiences are similar regardless of the family's ethnicity, length of time in the program, and region where services are received.

Distribution for the Ongoing Family Survey: Prior to the telephone interview, individualized letters were mailed to families using Child Development Watch's letterhead explaining that they had been randomly selected to have a telephone interview and asking for their cooperation in completing a telephone interview at a mutually convenient time. The telephone interview was conducted by the Center for Disabilities Studies. A Spanish translator called families who speak Spanish if this was needed, and other methods for translation were available for other languages as needed.

The next Family Survey will be conducted in the spring of 2007. This survey will use the telephone interview format and will utilize to questions regarding the Federal Outcomes, similar to the methods that were used in the *2006 Family Survey*.

#### Analysis of the Family Survey Data to Set Targets and Improvement Strategies

The analysis of setting the targets and how to determine the actual baseline data will continue to be reviewed throughout the upcoming year. There are varying opinions as to whether the targets should be set inclusive of the percent of families who agree vs. only including the percent of families who strongly or very strongly agree.

The analysis of the responses families provided to the *2006 Family Survey* indicated that there were some areas which could be improved. These were statements which had a higher proportion of families who had responded with an answer that indicated that they did not "strongly agree" or "very strongly agree" with the statement. Of the statements used to define Federal Outcome 1: "Families Know their Rights," two statements indicated areas for improvements. These were: "You know who within Child Development Watch you need to speak with if you feel your family's rights are not being addressed," and "You know who within Child Development Watch you need to speak with if you have other complaints/concerns about the Child Development Watch program." Of the statements used to define

Federal Outcome 2: "Families Effectively Communicate Their Children's Needs," three statements indicated areas for improvements. The statements "*Activities and resources that are offered through Child Development Watch are sensitive to your cultural and ethnic needs*" and "*The program communicates with you in a way that is sensitive to your culture and your ethnic group*," indicated a need to learn more about the expectations that families had related to cultural values and norms. The statement, "*As part of the Child Development Watch program, you feel that you have the opportunity to discuss your family's strengths, needs, and goals*," was identified as an area to also improve. Of the statements used to define Federal Outcome 3: "Families Help Their Children Develop and Learn," two statements indicated areas for improvement. The statements, "*You are more able to get your child the services that he or she needs*," and "*You feel that you have more of the knowledge you need to best care your child and your family*," were seen as related to the needs identified by the statements in Federal Outcome 2. It was determined that addressing the concepts of these statements through revised improvement activities would result in improved responses from families in future surveys.

The Ongoing Program Evaluation Committee (OPEC) recommended improvement activities that would achieve better family outcomes. Further discussions occurred with the CDW regional staff. The ICC Executive Committee and entire ICC provided input in to setting targets and developing new improvement activities.

**Revisions, with justification, to Proposed Targets/Improvement Activities/Timelines/Resources for FFY2005:**

*Additions and revisions have been made to allow program to achieve targets and are included in Delaware's State Performance Plan.*

**Monitoring Priority: Effective General Supervision Part C/Child Find**
**Indicator 5: Percent of infants and toddlers birth to 1 with IFSPs compared to:**

- A. Other states with similar eligibility; and**  
**B. National data.**

(20 U.S.C. 1416(a)(3)(A) and 1442)

**Measurement:**

- A. Percent = [(# of infants and toddlers birth to 1 with IFSPs) divided by (the population of infants and toddlers birth to 1)] times 100 compared to the same percent calculated for other states with similar (narrow, moderate, or broad) eligibility definitions.
- B. Percent = [(# of infants and toddlers birth to 1 with IFSPs) divided by (the population of infants and toddlers birth to 1)] times 100 compared to National data.

**Measurable and Rigorous Target**
**FFY2005**

The Birth to Three Early Intervention System will identify 1.31% of infants and toddlers birth to 1 with IFSPs compared to:  
 A. Other States with similar eligibility definitions; and  
 B. National data

**Actual Target Data for FFY2005:**

**Figure 5-1      Number of Children Served by Child Development Watch**

Reporting Year	Actual Served Age 0-1
2000	194
2001	179
2002	205
2003	201
2004	148
2005	109

Source: Annual Child Count

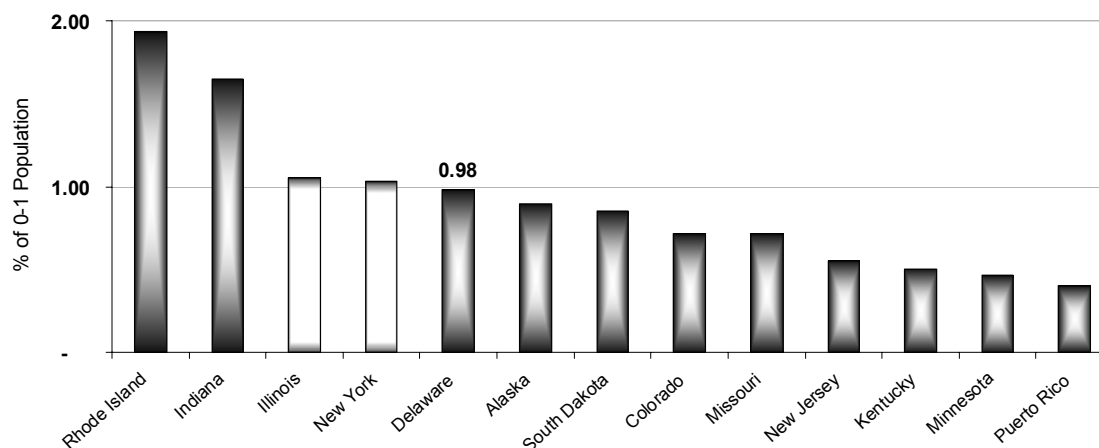
**Figure 5-2 States with Moderate eligibility guidelines providing early intervention services to infants and toddlers under IDEA**

State	Birth up to 12 months	1 yr.	2 yrs.	Birth-2 yrs. total	% of Pop.	Total Rank	Census <1 Pop.	% of <1 Pop.	<1 Rank
Rhode Island	246	484	880	1,610	4.09	2	12,704	1.94	1
Indiana	1,409	3,535	5,474	10,418	4.04	3	85,279	1.65	2
Illinois	1,943	5,016	9,216	16,175	3.00	4	184,365	1.05	3
New York	2,619	9,630	20,309	32,558	4.33	1	252,882	1.04	4
<b>Delaware</b>	<b>109</b>	<b>265</b>	<b>611</b>	<b>985</b>	<b>2.94</b>	<b>5</b>	<b>11,107</b>	<b>0.98</b>	<b>5</b>
Alaska	96	212	334	642	2.09	10	10,675	0.90	6
South Dakota	91	312	532	935	2.91	6	10,685	0.85	7
Colorado	492	1,118	2,144	3,754	1.85	11	68,538	0.72	8
Missouri	552	1,042	1,762	3,356	1.47	13	77,060	0.72	9
New Jersey	640	2,640	5,535	8,815	2.53	8	115,508	0.55	10
Kentucky	274	998	2,277	3,549	2.17	9	54,981	0.50	11
Minnesota	318	952	1,939	3,209	1.56	12	68,753	0.46	12
Puerto Rico	234	1,110	2,556	3,900	2.58	7	58,043	0.40	13

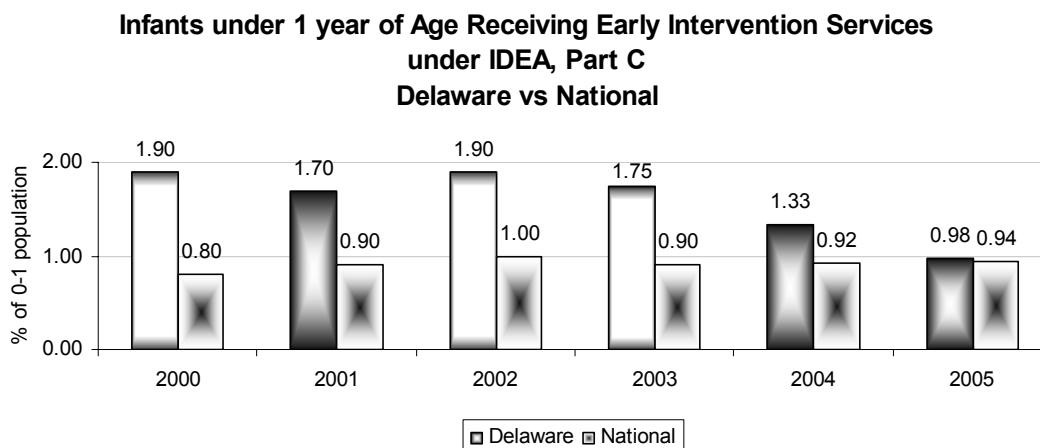
Source: U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS), OMB# 1820-0557; Table 8-1. Infants and toddlers receiving early intervention services under IDEA, Part C, by age and state: Fall 2005

**Figure 5-3 Comparison to States with Similar Eligibility**

**Infants Birth to Age 1 Receiving Early Intervention Services under IDEA, Part C  
States with Moderate Eligibility**



Sources: US Department of Education, Office of Special Education Programs, Data Analysis System (DANS)

**Figure 5-4 Comparison to National Baseline**

Sources: US Department of Education, Office of Special Education Programs, Data Analysis System (DANS)

### **Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY2005:**

Based on the Annual Child Count in 2005 (See Figures 5.1 and 5.3), 109 or .98% of Delaware's birth to one population was determined eligible for Part C.

- A. Among twelve other states with moderate eligibility criteria, Delaware ranks fifth. (See Figure 5.3)
- B. US Department of Education's Table 8-1. "Infants and toddlers receiving early intervention services under IDEA, Part C, by age and state: Fall 2005," as based on the Annual Child Count, indicates that Delaware had ranked 0.04 above the current national baseline (0.94%) in the percent of children, birth to age one, receiving early intervention services. (See Figure 5.2)

Delaware's State Performance Plan provided a target identification rate for infants, birth to age 1, of 1.31% for FY2005. Slippage has been identified.

Delaware has examined and modified the established condition list within its eligibility criteria and removed at risk conditions that do not have a high probability of resulting in developmental delay.

In FY05, Delaware piloted revised eligibility guidelines following recommendations made by the ICC. The Ad Hoc HealthCare Committee met from March 05 to June 06 to study the list of established conditions and make recommendations to the ICC. These recommendations were based on advances in medical research in order to maximize resources. The primary example of this change involves adjusting low birth weight to include only those infants under 1000 grams (formerly, low birth weight was an established condition for those less than 1250 grams for any gestational age and less than 2000 grams at term). When no developmental delays are identified, low birthweight babies (between 1000 and 1250 grams) are not determined Part C eligible; however, they continue to be tracked and assessed. This provides the ability to closely monitor development and redetermine eligibility as needed. In addition, Sickle Cell Anemia was also removed as an established condition since a program already exists to provide coordinated medical follow-ups through



ongoing assessments through AI Dupont Children's Hospital. Children are referred for an MDA if developmental delay is suspected. Although this is a relatively small number of children, each child would have a percentage impact on Delaware's total served.

Although the percentage of infants determined Part C eligible has decreased, Delaware continues to maintain a high identification rate and a comprehensive child find system. 88% of all referrals (1,543) are received from hospitals, parents, and physicians. Since 2002, Delaware has shown an increase in referrals from its state child welfare agency (Division of Family Services) from 2% to 5% (52 to 95, an 82.7% increase) of the total referrals. This can be attributed to the provisions now required under the Child Abuse Prevention and Treatment ACT (CAPTA).

Since Delaware recognizes that the state's population eligible for Part C services is small, it has been recommended that the targets be further analyzed and redetermined. Therefore, Delaware will continue to track the number and percentage of Part C eligible children against annual population statistics and information provided by the Delaware Population Consortium at [http://www.state.de.us/planning/information/dpc\\_projections.shtml](http://www.state.de.us/planning/information/dpc_projections.shtml).

Revised targets will be discussed with stakeholders. Based on these discussions, results from the revised eligibility pilot and population statistics, targets may be resubmitted.

Revised policies governing eligibility criteria will be submitted for public comment and will be included in future federal grant applications.

**Revisions, with justification, to Proposed Targets/Improvement Activities/Timelines/Resources for FFY2005:**

*Additions and revisions have been made to allow program to achieve targets and are included in Delaware's State Performance Plan.*

**Monitoring Priority: Effective General Supervision Part C/Child Find**
**Indicator 6: Percent of infants and toddlers birth to 3 with IFSPs compared to:**

- A. Other states with similar eligibility; and**  
**B. National data.**

(20 U.S.C. 1416(a)(3)(A) and 1442)

**Measurement:**

- A. Percent = [(# of infants and toddlers birth to 3 with IFSPs) divided by (the population of infants and toddlers birth to 3)] times 100 compared to the same percent calculated for other states with similar (narrow, moderate, or broad) eligibility definitions.
- B. Percent = [(# of infants and toddlers birth to 3 with IFSPs) divided by (the population of infants and toddlers birth to 3)] times 100 compared to National data.

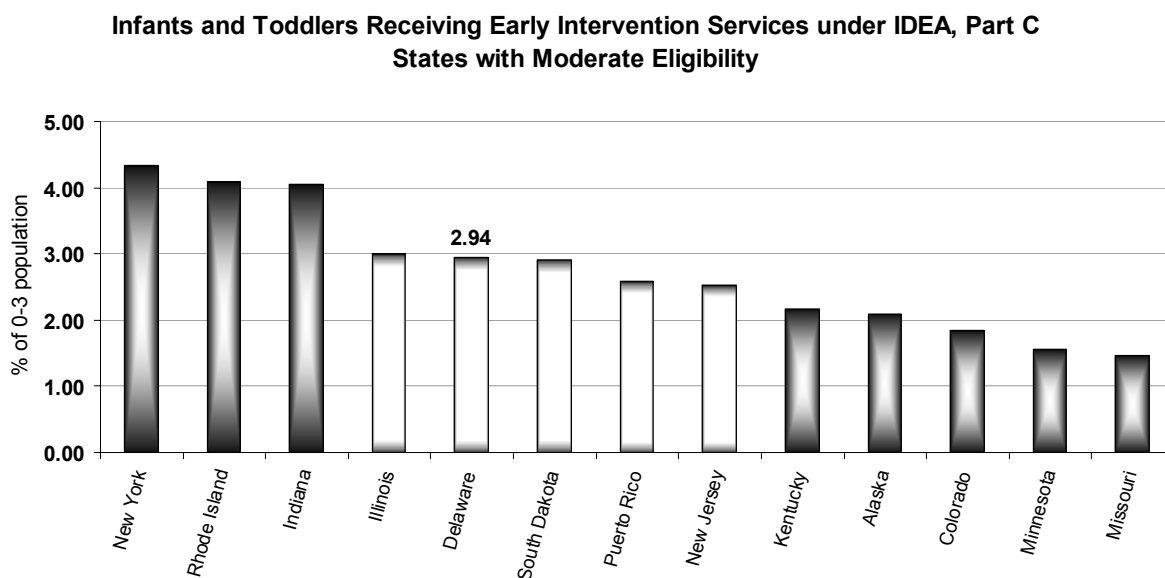
<b>Measurable and Rigorous Target</b>	
<b>FFY2005</b>	The Birth to Three Early Intervention System will identify 3.11% of infants and toddlers birth to 3 with IFSPs compared to: A. Other States with similar eligibility definitions; and B. National data

**Actual Target Data for FFY2005:**

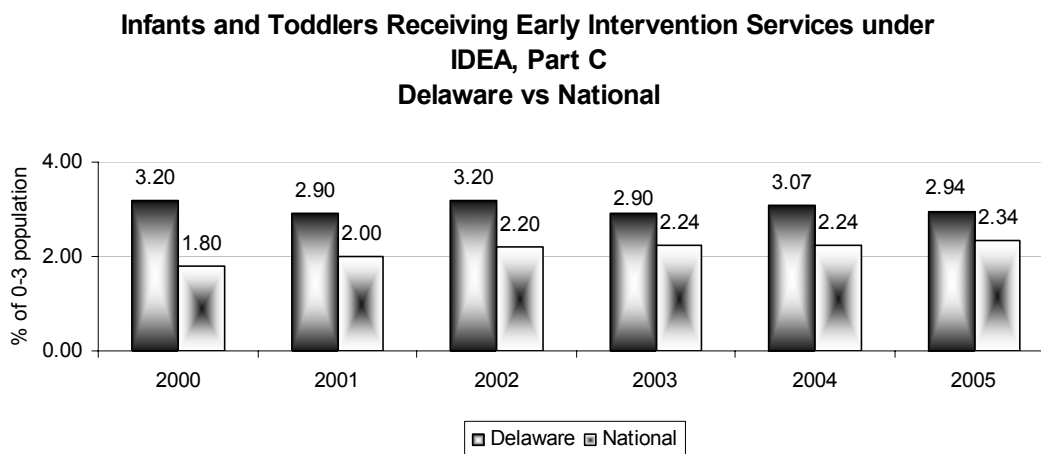
**Figure 6-1      Number of Children Served by Child Development Watch**

<b>Reporting Year</b>	<b>Actual Served Age 0-3</b>
<b>2000</b>	1003
<b>2001</b>	907
<b>2002</b>	1034
<b>2003</b>	953
<b>2004</b>	1006
<b>2005</b>	985

*Source: Annual Child Count*

**Figure 6-2 Comparison to States with Similar Eligibility**

Sources: US Department of Education, Office of Special Education Programs, Data Analysis System (DANS)

**Figure 6-3 Comparison to National Baseline**

Sources: US Department of Education, Office of Special Education Programs, Data Analysis System (DANS)

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY2005:**

Based on the Annual Child Count in 2005 (See Figures 6.1 and 6.3), 985 or 2.94% of Delaware's birth to one population was determined eligible for Part C.

- A. Among other twelve states with moderate eligibility criteria, Delaware ranks fifth (See Figure 6.2).
- B. US Department of Education's Table 8-1. "Infants and toddlers receiving early intervention services under IDEA, Part C, by age and state: Fall 2005," as based on the Annual Child Count, indicates that Delaware had ranked 0.6 above the current national baseline (2.34%) in the percent of children, from birth to age three, receiving early intervention services. (See Figure 6.3)

Delaware's State Performance Plan provided a target identification rate for children, birth to age three, as 3.11% for FY2005. Slippage has been identified.

Delaware continues to support the *Enhanced Watch and See (EWS)* program. EWS was initiated as a pilot project in July 2004 and was designed to serve children with only expressive language delays through ongoing follow up. Eligibility requirements were modified from a 25% delay to a 30% delay if the delay existed in expressive language only. As a result, these children will not become eligible under Part C; however, they do continue to receive follow-up and assessments through EWS. Although these changes do allow Delaware to provide follow up to at-risk infants and toddlers, it does impact Delaware's Part C eligibility figures.

As also stated in Indicator 5, Delaware recognizes that the state's population eligible for Part C services is small. It has been recommended that the targets for this indicator be further analyzed and redetermined.

Delaware will continue to track the number and percentage of Part C eligible children against annual population statistics and information provided by the Delaware Population Consortium at [http://www.state.de.us/planning/information/dpc\\_projections.shtml](http://www.state.de.us/planning/information/dpc_projections.shtml).

Revised targets will be discussed with stakeholders. Based on these discussions, results from the revised eligibility pilot and population statistics, targets may be resubmitted.

**Revisions, with justification, to Proposed Targets/Improvement Activities/Timelines/Resources for FFY2005:**

*Additions and revisions have been made to allow program to achieve targets and are included in Delaware's State Performance Plan.*

**Monitoring Priority: Effective General Supervision Part C/Child Find**
**Indicator 7: Percent of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline**

(20 U.S.C. 1416(a)(3)(A) and 1442)

**Measurement:**

Percent = [(# of infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline) divided by (the # of eligible infants and toddlers evaluated and assessed)] times 100.

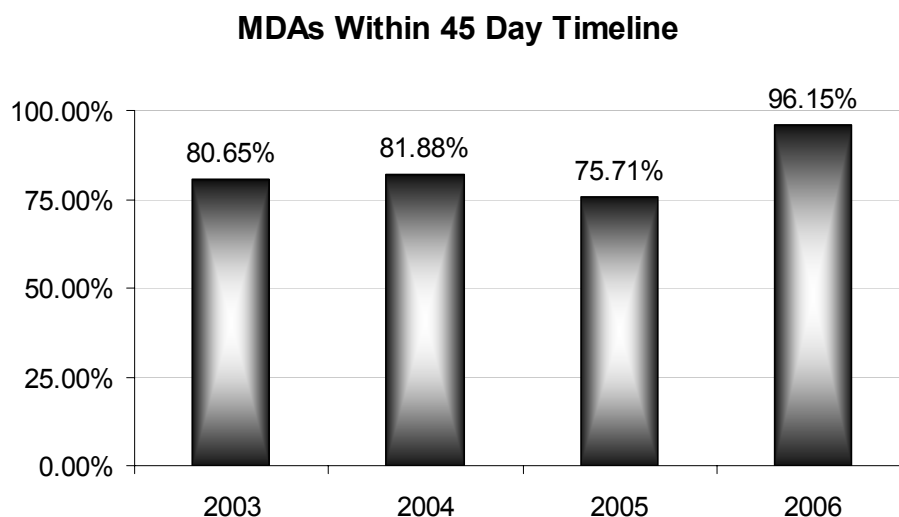
Account for untimely evaluations.

**Measurable and Rigorous Target**
**FFY2005**

100% of eligible infants and toddlers will receive an evaluation and assessment and an initial IFSP meeting will be conducted within Part C's 45-day timeline.

**Actual Target Data for FFY2005:**

**Figure 7-1 MDA Timeline**

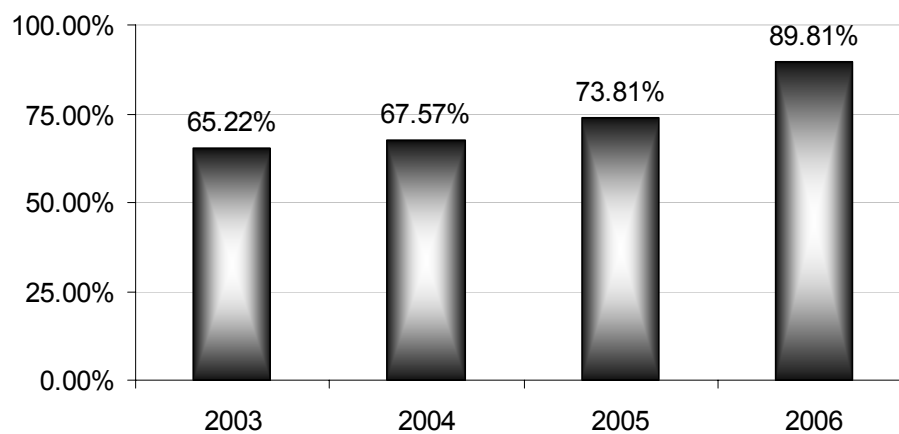


Source: Annual Statewide Monitoring

**Figure 7-2      Number of Charts Monitored for MDA Timeline**

<b>Monitoring Year</b>	<b># charts Monitored</b>	<b># MDAs within 45 days</b>
<b>2003</b>	124	100
<b>2004</b>	149	122
<b>2005</b>	177	134
<b>2006</b>	208	200

*Source: Annual Statewide Monitoring*

**Figure 7-3      IFSP Timeline****Initial IFSP Meeting Within 45 Days**

*Source: Annual Statewide Monitoring*

**Figure 7-4**

<b>Monitoring Year</b>	<b># IFSPs Monitored</b>	<b># initial IFSP meetings within 45 days</b>
<b>2003</b>	138	90
<b>2004</b>	148	100
<b>2005</b>	168	124
<b>2006</b>	206	185

*Source: Annual Statewide Monitoring*

#### **Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY2005:**

Significant progress has been achieved towards full compliance regarding the percentage of eligible infants and toddlers with IFSPs for whom a multidisciplinary assessment (MDA) and an initial IFSP were conducted within Part C 's 45-day timeline.

200 out of 208 charts reviewed (96%) indicated that a MDA was completed within the timeline.

185 out of 206 (90%) infant and toddler's had their initial IFSP meetings conducted within the 45-day timeline or family reasons prevented this. Of these 185, 31 were not held within timeline due to exceptional family circumstances: 7 children were hospitalized; 5 children were ill; 15 had other family reasons affecting scheduling, and 4 families were unable to be contacted for an extended period of time.

There was significant progress towards achieving the 100% target. Over 15% progress was achieved in infants and toddlers having their initial MDA and IFSP meeting conducted within the 45 day timeline. This progress can be explained by looking at this through both timely MDAs and timely initial IFSP meetings. Improvement activities affected both timely evaluations and timely initial IFSP meetings.

There were two primary improvements implemented since 2004 to make progress to increase the percent of timely MDAs: hiring vacant CDW service coordinator positions, especially in New Castle County, and increasing funds to support contracts to provide more MDAs. CDW did not begin to recover from the State of Delaware's hiring freeze that was lifted in July 2004 until after July 2005. Also, in 2005, State Personnel instituted changes to make it somewhat easier to recruit and retain nurses (several of the vacant CDW positions were nurses who are both service coordination and conduct MDAs). Specifically the state increased nurses' pay scale and made it easier to hire nurses by allowing direct hiring at the Division level. The other major improvement was that Birth to Three provided additional state and federal dollars for new part time contracts for service coordination and for assessments in New Castle County. These new staff and new contracts helped to improve timely evaluations and timely initial IFSP meetings.

While there have been some increases in referrals for children covered under the Child Abuse Prevention and Treatment Act (CAPTA), Delaware has sufficient policies and procedures in place to assure that screening has occurred and referrals to CDW are consistent with criteria. An Operations Agreement and a Memorandum of Understanding regarding CAPTA is in place in Delaware. Development screenings occur within the Division of Family Services (DFS) for possible referrals to CDW based on the training and information provided by liaisons working within CDW and for DFS. The Interagency Work Group between CDW and DFS has improved the training and screening protocols within DFS and has established consistent criteria for referrals to CDW for MDAs.

Other system wide changes also occurred to maximize resources and improve timely initial IFSP meetings. The Ad Hoc Health Care Committee reconvened to address the higher referral rate and to reexamine the eligibility criteria in order to maximize existing resources for children with conditions that have a high probability of resulting in developmental delay. Ad Hoc Health Care Committee has recommended to ICC and ICC has approved a pilot to eliminate some established conditions where a child demonstrates no significant developmental delay. Furthermore, the Ad Hoc Committee developed guidance materials on when a child could be exited from Part C before the age of three based on having completed their IFSP and met developmental milestones. These recommendations were approved by the ICC in July 2006 and are implemented as a pilot.

Birth to Three provided several trainings to staff trained to conduct MDAs. 27 assessors participated in follow up training on the Bayley Scales of Infant and Toddler Development, Third Edition in June 2006. This training was open to CDW assessors and to assessors under contract from the early intervention provider community. Training was offered on new assessment tools to be used for Child Outcomes and new skills in observation, family interviewing, and other assessment techniques.

Technical assistance was provided to the Child Development Watch Staff to readdress the initial IFSP meeting within the 45-day timeline and the need for documentation when that timeline cannot be met. ISIS produces caseload reports by service coordinators so that both supervisors and service coordinators can monitor their own caseloads in order to assure timely evaluations and IFSP meetings. CDW Management Analysts and Clinic Managers work closely together to determine if any delay is specific to individual staff persons, referral agencies, or demographics. Regional detail provides an extra measure indicating if timely evaluations are available in all geographic areas of the state. Data collected from this report ensure that the methods for correction are specific to the cause.

The Birth to Three Monitoring Team has seen increased evidence of documentation regarding why initial IFSP meetings are held in longer than the 45 day timeline, including explanations of exceptional family circumstances. It is expected that this increased attention with follow up at the local level to documentation will move CDW to full compliance.

**Revisions, with justification, to Proposed Targets/Improvement Activities/Timelines/Resources for FFY2005:**

N/A



**Monitoring Priority: Effective General Supervision Part C/Effective Transition**

**Indicator 8: Percent of all children exiting Part C who received timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including:**

- A. IFSPs with transition steps and services,**
- B. Notification to LEA, if child potentially eligible for Part B; and**
- C. Transition conference, if child potentially eligible for Part B.**

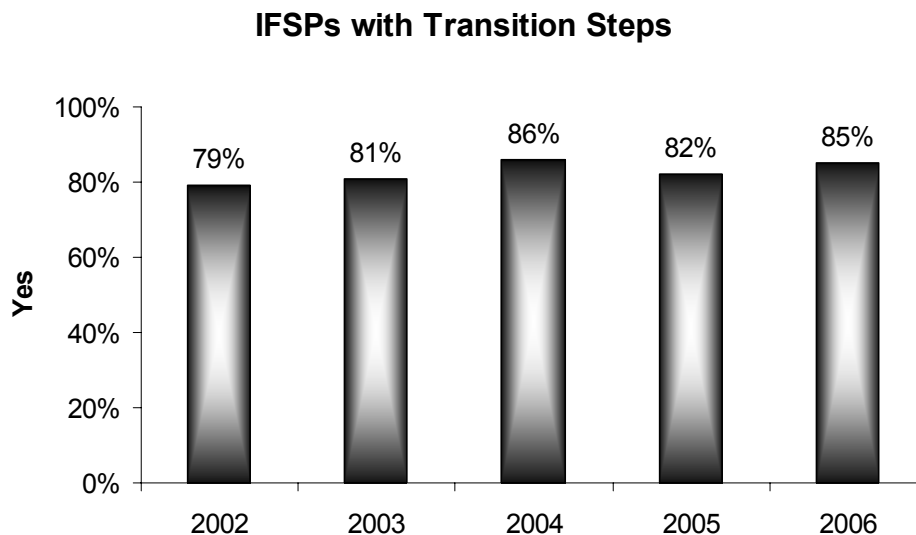
(20 U.S.C. 1416(a)(3)(A) and 1442)

**Measurement:**

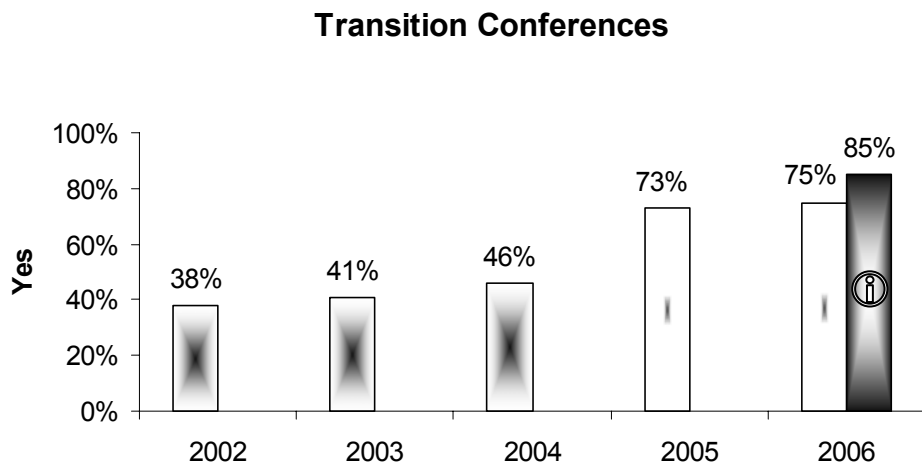
- A. Percent = [(# of children exiting Part C who have an IFSP with transition steps and services) divided by (the # of children exiting Part C)] times 100.
- B. Percent = [(# of children exiting Part C and potentially eligible for Part B where notification to the LEA occurred) divided by (the # of children exiting Part C who were potentially eligible for Part B)] times 100.
- C. Percent = [(# of children exiting Part C and potentially eligible for Part B where the transition conference occurred) divided by (the # of children exiting Part C who were potentially eligible for Part B)] times 100.

**Measurable and Rigorous Target**
**FFY2005**

- A. 100% of children exiting Part C will have an IFSP with transition steps and services.
- B. 100% of children exiting Part C who are potentially Part B eligible will have notification sent to the local school district.
- C. 100% of transition conferences will be held no more than 9 months or at least 90 days before exiting CDW for families of children potentially eligible for preschool special education services.

**Actual Target Data for FFY2005:****Figure 8-1 Percentage of IFSPs with Transition Steps**

*Source: Annual Statewide Monitoring*

**Figure 8-2**

 focused transition monitoring data

*Note: 2005 and 2006 data include those conferences delayed as a result of family reasons*

*Source: Annual Statewide Monitoring/2006 Focused Transition Monitoring*

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY2005:**

A. Delaware monitors for IFSPs to include transition planning steps for all children exiting Child Development Watch. 2006 state monitoring data indicated that 85% of the families had some discussion about transition planning that is documented on the IFSP. This is a steady increase from the 82% identified in monitoring in 2005.

It is expected that there will continue to be a steady increase in the percent of IFSPs that include transition steps. The revised Statewide IFSP (discussed in Indicator #2) is currently being piloted statewide and includes more information about transition steps. There has been ongoing technical assistance and training offered regionally at CDW by the DOE/CDW liaisons concerning transition, preparation of the family, and explaining the transition process. Generally this starts around the child's second birthday, but it is determined by family and child needs. Information is also shared with service coordinators from the Early Childhood National Transition Center. New Castle County continues to operate STEPS (Sequenced Transition for the Education of Public Schools), a regional workgroup that offers joint training, discussions regarding barriers to timely transitions, and suggestions for collaborative ways to come together among child care, Head Start, local school districts, early intervention providers, and Child Development Watch service coordinators.

B. ISIS notification reports continue to be available on the children who may be eligible for Part B by school district. These reports are part of the ISIS data base and are shared by the regional DOE/CDW liaison with local school districts at three designated times of the year. Local school districts anticipate these reports and utilize them for planning purposes. Notifications are sent on 100% of the children exiting CDW and potentially eligible for local school districts by the DOE/CDW liaisons. These reports also provide guidance for planning timely transition conferences. Local School Districts continue to function as a partner in identifying the need for transition conferences with regional service coordinators and through the DOE/CDW liaisons.

C. An increasing number of transition conferences for children potentially eligible for Part B Preschool Services for Children with Disabilities are occurring and being convened prior to the 90 day timeline. 2006 monitoring data indicates that for children potentially eligible for Part B services and appropriate for having a transition conference, 75% (33 out of 44) had a timely transition conference (no more than 9 months and at least ninety days before exiting Part C) or were convened with a delay due to family circumstances. Monitoring data indicated that the primary reasons for transition conferences not held within the timeline was that the CDW local program had scheduling challenges or lack of sufficient documentation explaining why delays occurred.

This data demonstrates progress from 2005; 73% of the children when exiting Part C and potentially eligible for Part B had timely transition conferences or conferences delayed as a result of family circumstances.

Focused monitoring was conducted after the end of FFY2005 as Delaware's response to correspondence received from OSEP in March 2006 citing Delaware's continued noncompliance of transition timelines. OSEP indicated that results from the focused monitoring for timely transition conferences should be reported in the FFY2005 APR. The Birth to Three monitoring team and the CDW local programs determined that a larger sample was needed in order to accurately report progress. This action plan was approved by OSEP, along with other improvement activities.

Birth to Three conducted focused transition monitoring in October and November 2006. A much larger sample was selected; charts from 284 children who had turned three between

May 1, 2006 and October 31, 2006. This focused monitoring expanded the monitoring from 44 charts reviewed during annual statewide monitoring to 284 charts.

Results from focused monitoring indicated that 85% (242 of the 284 children) had a timely transition conference. Of the 242 cases reviewed, 162 had a timely transition conference and 80 had transition conferences not held in the required timely as a result of family circumstances. Examples of family circumstances included family scheduling; late referrals to CDW (within ninety days of child's third birthday); family declined transition to Part B; unable to locate; moved out of state; child/family illness.

Focused monitoring results indicated that there was significant progress (an increase of 12% statewide from 2005 to 2006; 73% in 2005 to 85% in 2006) in the percent of timely transition conferences. Focused monitoring also allowed us to report on data from the local CDW programs, thereby better understanding how to target improvements towards full compliance. The CDW Southern Health Services Program had 91% of children having a timely transition conference or conference delayed due to family reasons; CDW Northern Health Services had 80% of children having a timely transition conference or conference delayed due to family reasons. The major reason for transition conference not held in timeline was CDW program having scheduling challenges or lack of sufficient documentation in the chart explaining why the delay occurred. CDW Northern Health Services had vacant positions, including their Management Analyst position vacant from August 2005 until August 2006. This impacted their ability to use existing ISIS caseload reports to locally monitor service coordinators to convene timely transition conferences. In addition, a monthly report has been created in ISIS and is now being shared with CDW Service Coordinators and their supervisors in order to serve as a tickler.

STEPS operates as a work group in New Castle County, which is the geographic county for CDW Northern Health Services. STEPS and the DOE/CDW liaison have expanded the number of scheduled days that are convenient for families and may be used to convene transition conferences among families, local school district representative, and service coordinators. This makes it easier and quicker for CDW service coordinators to schedule and convene transition conferences.

During the summer of 2006, Birth to Three partnered with the Delaware Department of Education to co-sponsor Hanen groups targeted to families of children who were transitioning from Part C to Part B. The groups were co-led by early intervention providers and speech language pathologists from three New Castle County school districts. The groups ran during the summer, a time when other school district services can be limited, and helped to build relationships across systems and facilitated the transition process for families in New Castle County.

Other statewide improvements contributed to significant progress. The DOE/CDW Liaisons are working with supervisors of service coordinators to target ongoing technical assistance. Liaisons are working with service coordinators and their actual caseload reports in order to assist service coordinators in identifying those children in need of transition conferences.

The DOE/CDW Work Group has meet quarterly to review monitoring data, identify and address barriers, and implement ways to improve transition. One key activity was sponsoring a statewide training (mandatory for all CDW service coordinators) on October 13, 2006 as part of the Delaware Council for Exceptional Children annual conference and on a school in service day to allow for more school district participation. Dr. Beth Rous, a national expert on early childhood transition and a part of the National Early Childhood Transition Center was the workshop facilitator and main speaker and the entire workshop strand (four and one half hours) was on early childhood transition. Dr. Rous led the series

of workshops on effective transition, including how to conduct transition conferences. Parents from New Scripts also led one of the workshops and shared four family perspectives on what was most supportive to families for effective transition planning.

Follow up from the training includes piloting transition planning with three designated school districts so that transition planning is more comprehensive and transition conferences are convened much earlier, around nine months before the child exits CDW. The regional DOE/CDW liaisons will facilitate this effort.

Based on the results from the focused monitoring, local CDW programs agreed that focused transition monitoring with a larger sample size allows for reporting more accurate transition data. The 2007 monitoring plan is for the Birth to Three monitoring team to conduct onsite monitoring in the spring for all indicators except early childhood transition and to conduct focused monitoring for the early childhood transition indicator. CDW programs, in conjunction with the Birth to Three Monitoring team have identified improvement plans based on the 2006 focused monitoring results and are in the process of implementing these with CDW service coordinators and through STEPS. The Birth to Three office agrees with these improvement activities and will assist in their implementation through continued technical assistance.

ICC reviewed the statewide data and improvement activities. ICC discussed the OSEP letter on Delaware's Part C State Performance Plan at its July 2006 quarterly meeting. Delaware has both long term and short term activities that allow it to meet the target of 100% compliance for timely transition conferences. ICC has indicated that there has been significant progress towards improving timely transition conference and that comprehensive improvement activities are in place.

**Revisions, with justification, to Proposed Targets/Improvement Activities/Timelines/Resources for FFY2005:**

*Additions and revisions have been made to allow program to achieve targets and are included in Delaware's State Performance Plan.*

**Monitoring Priority: Effective General Supervision Part C/General Supervision**

**Indicator 9: General supervision system (including monitoring, complaints, hearings, etc.) identifies and corrects noncompliance as soon as possible but in no case later than one year from identification.**

(20 U.S.C. 1416(a)(3)(A) and 1442)

**Measurement:**

Percent of noncompliance corrected within one year of identification:

- a. # of findings of noncompliance
- b. # of corrections completed as soon as possible but in no case later than one year of identification

Percent = [(b) divided by (a)] times 100.

For any noncompliance not corrected within one year of identification, describe what actions, including technical assistance and/or enforcement that the State has taken.

**Measurable and Rigorous Target**
**FFY2005**

The Birth to Three Early Intervention System will identify and correct 100% of noncompliance related to monitoring priority areas and indicators corrected within one year of identification.

**Actual Target Data for FFY2005:**

**Figure 9-1 Service Delivery – Findings and Correction**

	# Reviewed	# Instances of Noncompliance	# of Findings of Noncompliance	# Corrected Within One Year	% Corrected Within One Year
<b>Services Received in Timely Manner</b>	North 117	North 21	2	0	0%
	South 86	South 12			

Source: Annual Statewide Monitoring Data

**Figure 9-2 MDA/IFSP – Findings and Correction**

	# Reviewed	# Instances of Noncompliance	# of Findings of Noncompliance	# Corrected Within One Year	% Corrected Within One Year
<b>An evaluation and assessment within 45 days</b>	North 120	North 7	2	2	100%
	South 86	South 2			
<b>An initial IFSP meeting within 45 days</b>	North 119	North 11	2	2	100%
	South 86	South 9			

Source: 2006 Annual Statewide Monitoring Data

**Figure 9-3 Transition Conferences – Findings and Correction**

	# Reviewed	# Instances of Noncompliance	# of Findings of Noncompliance	# Corrected Within One Year	% Corrected Within One Year
<b>Transition Conference Held Within Timeline</b> <i>(2006 Annual Statewide Monitoring)</i>	North 20	North 7	2	1	50%
	South 23	South 7			

Source: 2006 Annual Statewide Monitoring Data

**Figure 9-4      Total Number of Written Complaints, Due Process Hearings, and Mediations Received Between July 1, 2005 and June 30, 2006**

Number of Formal Written Complaints Received	Number of Due Process Hearings	Number of Mediations
0	0	0

*Source: Birth to Three Office*

### **Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY2005:**

As approved in our State Performance Plan, local data for Delaware is organized by two regions: (1) New Castle County, and (2) Kent and Sussex Counties.

Delaware had defined an "instance of noncompliance" is an individual chart found out of compliance. Any region with an instance of noncompliance leads to a finding of noncompliance. Since Delaware only has two regions, results will always be reported as 0%, 50%, or 100%

Correction is said to have occurred when technical assistance has been provided and each region has implemented policies and procedures which will lead to the correction of noncompliance within the year.

The Birth to Three Monitoring Team, through its comprehensive monitoring process, was able to identify instances of noncompliance:

#### Timely Delivery of Services

Both the North and South regions had individual cases (instances) of noncompliance. This leads to two findings of noncompliance. The local regions concurred with the monitoring results. Technical assistance has been provided, and policies and procedures were developed and implemented in order to address noncompliance.

Quantitative and qualitative data collected as part of the monitoring system demonstrates compliance. 100 percent correction will not likely be achieved in either region because the root cause of the noncompliance is a statewide issue regarding lack of sufficient personnel, specifically, the shortage of speech-language pathologist. Short term improvement activities will show immediate progress and are outlined in Indicator 1. In addition, long term improvement activities are also outlined within Indicator 1. Progress will be made, but full correction of this issue is unlikely within the next year due to the systemic nature of the long term improvement activities. It is expected that full correction will be achieved in FFY07 due to the comprehensive nature of the improvement activities.

#### Evaluation and Assessment and IFSP within 45-days

Both the North and South regions had individual cases (instances) of noncompliance. This leads to two findings of noncompliance. The local regions concurred with the monitoring results. Technical assistance has been provided, and policies and procedures were developed and implemented in order to address noncompliance.



Correction of noncompliance has been achieved in each region. As outlined in Indicator 7, improvement activities regarding increased resources in both contracts and staff have resulted in timely evaluations and initial IFSP meetings. Ongoing management reports are reviewed at the local and state levels to ensure that instances of noncompliance are immediately identified and corrected.

Transition Conferences within 9 month—90 day timeline

Both the North and South regions had individual cases (instances) of noncompliance. This leads to two findings of noncompliance. The local regions concurred with the monitoring results. Technical assistance has been provided, and policies and procedures were developed and implemented in order to address noncompliance.

Ongoing technical assistance continues to be provided at both the individual and program level. Supervisors and local management analysts are provided with monthly reports to track and monitor timely transition conferences. Numerous state and local regional improvements are described in Indicator 8, including the addition of focused early childhood transition monitoring.

Quantitative and qualitative data collected as part of the monitoring system demonstrates that correction has been achieved in the Southern region.

One of the primary reasons for noncompliance in the North is the number of children needing transition conferences and the capacity of the system to schedule those meetings in a timely manner. In order to address this, a procedure is being piloted which will require transition conferences to be convened significantly earlier. In addition the number of scheduled days available for transition conferences has been expanded. It is anticipated that these improvement activities will result in full correction in the northern region in FFY07.

The Delaware Birth to Three Early Intervention System has received neither formal written complaints nor requests for mediation or due process hearings.

**Revisions, with justification, to Proposed Targets/Improvement Activities/Timelines/Resources for FFY2005:**

N/A

<b>Monitoring Priority: Effective General Supervision Part C/General Supervision</b>
--

**Indicator 10: Percent of signed written complaints with reports issued that were resolved within a 60-day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint.**

(20 U.S.C. 1416(a)(3)(A) and 1442)

<b>Measurement:</b>
---------------------

<p>Percent = [(1.1(b) + 1.1(c)) divided by 1.1] times 100.</p>
--

Measurable and Rigorous Target	
--------------------------------	--

<b>FFY2005</b>	100% of signed written complaints with reports issued will be resolved within a 60-day timeline or a timeline extended for exceptional circumstances.
----------------	---

**Actual Target Data for FFY2005:**

No signed written complaints were received during the July 1, 2005 through June 30, 2006 reporting period.

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY2005:**

No signed written complaints were received during the July 1, 2005 through June 30, 2006 reporting period.

**Revisions, with justification, to Proposed Targets/Improvement Activities/Timelines/Resources for FFY2005:**

N/A

<b>Monitoring Priority: Effective General Supervision Part C/General Supervision</b>
--

**Indicator 11: Percent of fully adjudicated due process hearing requests that were fully adjudicated within the applicable timeline.**

(20 U.S.C. 1416(a)(3)(A) and 1442)

**Measurement:**

Percent = [(3.2(a) + 3.2(b)) divided by 1.1] times 100.

Measurable and Rigorous Target	
<b>FFY2005</b>	100% of due process hearings requests will be fully adjudicated within the 30-day timeline.

**Actual Target Data for FFY2005:**

No requests for due process hearings were received during the July 1, 2005 through June 30, 2006 reporting period.

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY2005:**

No requests for due process hearings were received during the July 1, 2005 through June 30, 2006 reporting period.

**Revisions, with justification, to Proposed Targets/Improvement Activities/Timelines/Resources for FFY2005:**

N/A

<b>Monitoring Priority: Effective General Supervision Part C/General Supervision</b>
--

**Indicator 12: Percent of hearing requests that went to resolution sessions that were resolved through resolution session settlement agreements (applicable if Part B due process procedures are adopted).**

(20 U.S.C. 1416(a)(3)(A) and 1442)

<b>Measurement:</b>
---------------------

Percent = [(3.1(a) divided by 3.1] times 100.
---

Measurable and Rigorous Target	
--------------------------------	--

<b>FFY2005</b>	Not Applicable
----------------	----------------

**Part B Due Process procedures have not been adopted; therefore, this indicator is not applicable.**

**Actual Target Data for FFY2005:**

Not Applicable

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY2005:**

Not Applicable

**Revisions, with justification, to Proposed Targets/Improvement Activities/Timelines/Resources for FFY2005:**

Not Applicable

<b>Monitoring Priority: Effective General Supervision Part C/General Supervision</b>
--

**Indicator 13: Percent of mediations held that resulted in mediation agreements.**

(20 U.S.C. 1416(a)(3)(A) and 1442)

**Measurement:**

Percent = [(2.1(a)(i) + 2.1(b)(i)) divided by 2.1] times 100.

Measurable and Rigorous Target	
<b>FFY2005</b>	Not Applicable

**Actual Target Data for FFY2005:**

No requests for mediations were received during the July 1, 2005 through June 30, 2006 reporting period.

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY2005:**

The Birth to Three Early Intervention System collaborates with the Department of Education to work with the Special Education Partnership for Amicable Resolution of Conflict (SPARC), the conflict resolution program of the University of Delaware.

Choosing mediation as an option for resolving the complaint is described in the CDW Family Guide and in the Family Rights booklet. Service coordinators review the Family Rights booklet and indicate that mediation's goal is to encourage resolution of issues as early as possible so programs and families can focus on teaching and learning.

Once a family chooses mediation, an appointment is scheduled within ten working days at a time and place convenient for the family. If resolution is reached during the mediation process, the parties will execute a written mediation agreement.

No requests for mediations were received during the July 1, 2005 through June 30, 2006 reporting period.

Since 1999, Delaware has received only one mediation request and this one resulted in a mediation agreement. With such little previous data, stakeholder input indicated that it would be difficult to set a measurable and rigorous target. Stakeholders reviewed information from the Consortium for Appropriate Dispute Resolution to Special Education (CADRE). Per OSEP's guidance, setting targets is not applicable to this indicator since Delaware had no mediation requests in FY2005. Targets will be reexamined yearly.

**Revisions, with justification, to Proposed Targets/Improvement Activities/Timelines/Resources for FFY2005:**

N/A

**Monitoring Priority: Effective General Supervision Part C/General Supervision**
**Indicator 14: State reported data (618 and State Performance Plan and Annual Performance Report) are timely and accurate.**

(20 U.S.C. 1416(a)(3)(A) and 1442)

**Measurement:**

State reported data, including 618 data, State Performance Plan, and Annual Performance Reports are:

- A. Submitted on or before due dates (February 1 for child count, including race and ethnicity, settings and November 1 for exiting, personnel, dispute resolution); and
- B. Accurate (describe mechanisms for ensuring error free, consistent, valid and reliable data and evidence that these standards are met).

**Measurable and Rigorous Target**
**FFY2005**

- A. The Birth to Three Early Intervention System will submit 100% of state reported data (618, State Performance Plan, Annual Performance Report) within the required timeline.
- B. The Birth to Three Early Intervention System will ensure that 100% of state reported data (618, State Performance Plan, Annual Performance Report) are accurate.

**Actual Target Data for FFY2005:**

Report	Due Date	Submission Date
State Performance Plan	December 2, 2005	November 22, 2005
Annual Child Count: Table 1 Total Served	February 1, 2006	January 30, 2006
Annual Child Count: Table 2 Settings	February 1, 2006	January 30, 2006

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY2005:**

ISIS (Integrated Services Information System) is the primary source for Delaware's Part C data as reported in the Annual Child Count (618). Data pertaining to children and families who are Part C eligible are entered into ISIS. To ensure reporting accuracy, data definitions used in ISIS are consistent with Federal definitions as reported in the Annual Child Count. Numerous data integrity reports are generated and reviewed to ensure accuracy and identify inconsistencies in the data. Data are corrected at the local level.

The ISIS Maintenance Committee met throughout the year to advise on modifications made in ISIS and to guide the technical assistance that ensures data integrity. Technical assistance is then directed from the Birth to Three office and carried out on the regional level. The ISIS User's Guide, a training and technical assistance manual available to service coordinators and data entry staff, documents data input policy and procedures and is being reviewed for updates. The ISIS programmer updated the coding of exit data in ISIS and the creation of revised referral forms to more accurately report referrals upon exit from Part C.

To date, the State Performance Plan, Annual Child Count Data (618), and the Annual Performance Reports have been submitted prior to or on the due date.

The Birth to Three Early Intervention System submits state reported data only after careful analysis of data and content.

Delaware maintains confidence in its data and the information in the Annual Child Count (618), State Performance Plan, and the Annual Performance Plan are submitted only after taking all appropriate measures to ensure data accuracy.

**Revisions, with justification, to Proposed Targets/Improvement Activities/Timelines/Resources for FFY2005:**

*Additions and revisions have been made to allow program to achieve targets and are included in Delaware's State Performance Plan.*